

# KING COUNTY CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM

## TEAM MEMBERSHIP APPLICATION

Check if applying for: *Volunteer Mental Health Professional* \_\_\_\_\_  
*Volunteer Incident Peer Debrief* \_\_\_\_\_

### I. Personal Information:

Name: \_\_\_\_\_

Address: (home) \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Web address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_ Gender: \_\_\_\_\_ SSN  
#: \_\_\_\_\_ (optional)

Profession: \_\_\_\_\_

### II. Education: (List most recent first) (High school & college only)

<u>Institution</u>	<u>Degree Date</u>	<u>Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### III. Employment:

Current position: \_\_\_\_\_

List last 3 positions (present position first):

<u>Dates &amp; Place</u>	<u>Brief Description of Work</u>
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____

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**IV. CISM or Related Involvement:**

1. Have you ever participated in a critical incident debriefing? YES \_\_\_\_\_  
NO \_\_\_\_\_

If yes, as a team leader \_\_\_\_\_, peer debriefer \_\_\_\_\_ or recipient \_\_\_\_\_? (check one)

2. Have you taken an *International Critical Incident Stress Foundation Basic CISD Course*?

Where: \_\_\_\_\_ Date: \_\_\_\_\_ \* Included Certificate  
Required

3. What exposure have you had to emergency medical situations, psychological crisis, multiple trauma or mass casualty incidents? \_\_\_\_\_

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4. What experiences have you had in providing any of the following:

a. Stress management: \_\_\_\_\_

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b. Training/education in other CISM related areas: (specify)

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**(Mental Health Professionals answer c and d also. Include descriptions of types of client and amount of direct time spent in the activity.)**

c. Individual counseling: \_\_\_\_\_

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d. Group work: \_\_\_\_\_

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5. What assets do you believe you can bring to the CISM program?

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6. How much flexibility do you have to go on debriefings on 24-48 hour notice?

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V. Why do you want to be a member of a CISM Team?

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VI. Comments and additional information you would like to add:

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VII. Personal References: List three references, not related to you.

<u>Name</u>	<u>Address</u>	<u>Telephone number</u>
1.		
2.		
3.		

Return completed applications to:

CISM Selection Committee  
King County EMS Division – CISM Program  
CNK-PH-1200  
401 Fifth Avenue – Suite 1200  
Seattle, WA 98104-1818  
(206) 296-4956 FAX: 296-4866  
INTERNET: [ron.quinsey@kingcounty.gov](mailto:ron.quinsey@kingcounty.gov)